Statement of Expenditures



Prescribed by Secretary of State 2/01

Name of Committee in Full	7		_	_		 	
MONEMAN toe GROVE CILY COUNCIL							
To Whom Paid US Postmester			M O. 9	28	Y /5	902.06	
CARD Mailings (Brachers)							
City Grave City	State OH	12ip Code 0	Check Number				
To Whom Paid	-		M	DÍ	Y,	Amount	
tress Purpose							
City	State	Zip Code	Check Number				
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Address	Purpose						
City	State	Zip Code	Check N	iumber			
To Whom Paid			М	D	Y	Amount	
Address	Purpose						
City	State	Zip Code	Check Number				
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Address	Purpose						
City	State	Zip Code	Check Number				